

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
2012 OCT 16 AM 8:37
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

AFFORDABLE HEALTH CARE FOR AMERICA PAC

ADDRESS (number and street)

177 WEST 26 TH STREET

LOFT 200

Check if different
than previously
reported. (ACC)

NY

NY

10001-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 0 0 5 2 3 1 5 9

3. IS THIS
REPORT

N

NEW
(N)

OR

A

AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M

D D

Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M

D D

Y Y Y Y

in the
State of

5. Covering Period

07

01

2012

through

09

30

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J. BAILEY MORGAN

Signature of Treasurer

J. Bailey Morgan

Date

10

08

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 02/2003)